Methodist Le Bonheur Healthcare

ICD Indications Form

Patient Name

INSTRUCTIONS: Complete section A or B for initial ICD implants. Complete section C if implanting CRT (BiV). Complete section D for change outs. This form must be completed and faxed to the Scheduling department before the procedure can be scheduled. FAX #'s: University- 937-3333 North-937-3336 Germantown- 937-3338

A. Indications for implanting cardiac defibrillators for life-threatening tachyarrhythmias:

Complete the applicable indication box (1 or 2)

1. [ ] Documented sustained V-tach, either spontaneous or induced by EPS, not associated with AMI or a transient or reversible cause.
   If induced, date of Electrophysiology Study (EP) _____
2. [ ] Documented episode of cardiac arrest due to V-fib not transient or reversible cause.

B. Indications for implanting cardiac defibrillators for prevention of tachyarrhythmias in CHF patients (post SCD-HeFT):

Complete the applicable indications box (1, 2, 3,4, or 5)

1. [ ] Documented family history w/high risk of life-threatening V-tach **and**
   [ ] Long QT syndrome ***or*** [ ] Hypertropic cardiomyopathy
   and
   [ ] Patient has none of the following contraindications:
   - Unable to give informed consent
   - Had an acute MI within the past 40 days
   - Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm
   - Had a CABG or PTCA within the past 3 months
   - Clinical symptoms or finding that would make them a candidate for coronary revascularization
   - Irreversible brain damage from pre-existing cerebral disease
   - Any disease other than cardiac, associated with the likelihood of survival less than 1 year.
2. [ ] Coronary Artery Disease (CAD) with documented prior MI **(Date of MI _____),** LVEF ≤ 35%, and inducible sustained V-tach or V-fib. (MI must be more than 4 weeks ago and EPS must be performed more than 4 weeks after the qualifying MI)

   EF obtained _____ (date) EF _____% by [ ] cath [ ] ECHO [ ] MUGA
   [ ] Patient has none of the contraindications listed above in #B1.
3. [ ] Documented MI more than 40 days prior: **Date of MI** _____and LVEF ≤ 30 **EF** _____**%** **and**
   [ ] Patient has none of the contraindications listed above in #B1 **and**
   [ ] Patient does not have NYHA Class IV heart failure
4. [ ] Ischemic dilated cardiomyopathy, documented prior MI (**Date of MI** _____) , NYHA Class II and III heart failure, left ventricular ejection fraction (LVEF) ≤ 35%, EF obtained _____(date) **EF** _____**%** by
   [ ] Cath [ ] ECHO [ ] MUGA **and**
   [ ] Patient has none of the contraindications listed above in #B1.
5. [ ] Non-ischemic dilated cardiomyopathy more than 3 months, NYHA Class II or III heart failure, LVEF ≤ 35%
   EF obtained _____ (date) **EF** _____**%** by [ ] cath [ ] ECHO [ ] MUGA **and**
   [ ] Patient has none of the contraindications listed in #B1

C. Indications for using a CRT / BiV Defibrillator:

1. [ ] Meets criteria selected above in box A or B and has QRS interval > 120 ms QRS interval_____ **or**
2. [ ] Has NYHA Class IV heart failure and QRS interval >120 QRS interval_____

D. Replacement of existing ICD

1. [ ] Replacing an existing implantable cardioverter defibrillator (ICD) **Remaining Battery Voltage**_____**volts.**
   [ ] Malfunction [ ] Recall_____ [ ] Battery depletion [ ] Device end-of-life ____
   [ ] Infection [ ] Upgrade - ***if BiV complete section C***
   Reason for Initial Implant:
   [ ] VT [ ] VF [ ] Cardiac arrest [ ] Cardiomyopathy

Physician Signature & MD # _____ Date _____

Scheduled Date of Procedure _____ **Cath Lab Reviewer**_____ **Date** _____
(Scheduled date provided by scheduling dept.)

Place Patient Label Here

History and Clinical Characteristics

_____ Atrial fibrillation
_____ CABG ___/___/___ date
_____ CHF
_____ CAD
_____ Diabetes
_____ Hypertension
_____ M I ___/____/___ date
_____ Pacemaker
_____ ICD
_____ PTCA/Stent ___/____/____ date
_____ Sudden Cardiac Arrest
_____ Syncope
_____ VT – monomorphic
_____ VT - polymorphic
_____ VF
_____ VT-non sustained
_____ Cerebrovascular Disease
_____ Chronic Lung Disease
_____ Renal Failure Dialysis
_____ Family History Sudden Death
_____ Cardiac Transplant
_____ Valvular Surgery

New York Heart Class (NYHA)

_____ I (Mark one)
_____ II
_____ III
_____ IV

Duration of heart failure _____ months
_____ ischemic cardiomyopathy
_____ non-ischemic cardiomyopathy

Prior CHF Hospitalization

_____ Not hospitalized
_____ Yes – within 6 months
_____ Yes – greater than 6 months

LV Ejection Fraction

_____ % _____ date
_____ Cath
_____ Echo
_____ Radionuclide

_____ Systolic Pressure
_____ Diastolic Pressure

EKG Date _____ / _____ / _____
_____ QRS interval
_____ PR interval

Sinus Node Function

_____ Normal
_____ Abnormal

AV Conduction

_____ Normal
_____ Abnormal – Idioventricular/Junctional
_____ Abnormal – 2nd or 3rd degree (not paced)
_____ Abnormal - Paced (any)

Intraventricular Conduction

_____ Normal
_____ Paced
_____ Abnormal LBBB
_____ Abnormal RBBB
_____ Abnormal Lt Anterior Fascicular Block
_____ Abnormal Lt Posterior Fascicular Block
_____ Abnormal Bifascicular Block(RBBB + LAF)
_____ Abnormal Bifascicular Block(RBBB + LPF)
_____ Abnormal Intraventricular Delay, nonspecified

Diagnostics

_____ Prior EP ___/_____/_____ date
_____ No arrhythmias induced
_____ VT sustained polymorphic
_____ VT sustained monomorphic
_____ Non- sustained VT
_____ Ventricular Fibrillation
_____ Ventricular Flutter

_____ Prior ICD ____/____/_____date

Reason for explantation _____
_____ Single Chamber
_____ Dual Chamber
_____ BiVentricular
Manufacturer _____
Model Number_____
Serial Number _____

Labs

Creatinine_____ BUN_____ Sodium_____
BNP_____ Hgb _____ K+ _____

ICD IMPLANT INFORMATION:

Manufacturer _____
Model Number_____
Serial Number _____
_____ Single
_____ Dual
_____ Biventricular

Is this patient participating in an FDA regulated study, an NIH trial or a qualifying post market study or registry? List
_____ post market study
_____ registry

Date of procedure _____

Physician _____

Physician Signature _____